

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF INDUSTRIAL ACCIDENTS

REVIEW CRITERIA
EFFECTIVE OCTOBER 1, 1998

CRITERIA NUMBER 27 - CHRONIC PAIN SYNDROME

I. Narrative Description:

A. Chronic Pain Syndrome

II. History/Symptoms:

A. Must meet the following:

1. Chronic Pain Syndrome diagnosed by treating practitioner; **and**
2. Maximum medical improvement of primary diagnosis; **or**
3. Recommendation by treating practitioner for chronic pain program; **and**
4. Chronic pain that would not be expected from patient's history and physical exam; **and**
5. Chronic pain with significant impairment, despite apparent healing of underlying pathology;
and
6. Recovery exceeded expected duration of treatment for primary diagnosis; **and**
7. Intensive utilization of medical services and drugs; **or**
8. Persistent complaints of pain; **or**
9. Symptoms of anxiety; **or**
10. Depression; **or**
11. Anger; **or**
12. Other manifestations of chronic pain

AND

III. Diagnostic Testing Allowed:

A. None

AND

IV. Treatment Measures Allowed (within scope of license):

- A. Evaluation by multidisciplinary treatment team (required) (only one allowed)
- B. Treatment Plan developed by multidisciplinary team (required)
- C. Patient Contract must be developed within 7 calendar days of the initial evaluation (required)
- D. Physical Capacity Evaluation (one)
- E. Withdrawal program from medication (required)

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF INDUSTRIAL ACCIDENTS

REVIEW CRITERIA
EFFECTIVE OCTOBER 1, 1998

Page Two
Criteria Number 27

- F.** Work conditioning or work-hardening (max. 20 visits, up to 4 hours/visit)
- G.** Psychotherapy (max. 15 visits)
- H.** Physical Therapy (max. 20 visits)
- I.** Occupational Therapy (max. 20 visits)
- J.** Chiropractic (max. 20 visits)
- K.** Physical modalities (max. 2 allowed per treatment session - not allowed as only treatment procedure)
 - 1.** Heat/cold
 - 2.** Electrical Stimulation
 - 3.** Iontophoresis
 - 4.** Phonophoresis
 - 5.** Ultrasound
 - 6.** Flouri-methane
 - 7.** Cold laser

AND

V. Discharge Planning Required:

- A.** Summary report by treatment team; **and**
- B.** Office of Education and Vocational Rehabilitation referral form completed and sent to DIA (signed by Program Coordinator)

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF INDUSTRIAL ACCIDENTS

REVIEW CRITERIA
EFFECTIVE OCTOBER 1, 1998

Page Three
Criteria Number 27

VI. Special Instructions:

- A. Treatment team shall include a licensed mental health professional (psychiatrist or psychologist) and no more than three (3) of the following: physician, physical therapist, occupational therapist, or chiropractor. At least one member must have training or experience with chronic pain patients. No member of the treatment team shall be a practitioner who has previously examined, ordered medical care for, rendered medical care to, or reviewed the medical record of, the injured employee.*
- B. Program Coordinator must be assigned from the pain program/treatment team to coordinate clinical care.*
- C. Non-compliance with the Patient Contract will result in termination from the treatment program, to be determined by Program Coordinator.*
- D. Return to work should be strongly encouraged.*
- E. Home equipment is not allowed (eg. home whirlpool, hot tubs, special beds or mattresses, waterbeds, recliner or lounge chairs, electro-sleep devices, electrical nerve (TENS) or muscle simulators).*
- F. Physical modalities are not allowed as the only treatment procedure.*
- G. For patients treated by more than one discipline (physical therapy, occupational therapy, chiropractic, etc.), services should not be duplicated.*
- H. Patients whose primary diagnosis changes, causing eligibility to another guideline, are excluded from this guideline.*

VII. Level of Care (only one setting allowed):

- A. Inpatient Chronic Pain Program, three (3) weeks; **or***
- B. Outpatient Chronic Pain Program, eight (8) weeks.*